

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XI.

LOUISVILLE, MAY 14, 1881.

No. 20.

J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . . . Managing Editor.

## IS QUINIA ABORTIFACIENT?

This question has been put by our correspondent in another page.

For a score of years it had been bandied about in both hemispheres, and was for a time lost to sight, until a few months ago an East Indian correspondent of the *Lancet*, tossed it into the arena of discussion for a new round. Much evidence has been brought forward *pro* and *con*. It was a common belief in Italy in the time of Torti that large doses of quinia did cause abortion. Petitjean, who had large experience in a marshy district, took the same view. Rancillia stated that in his practice as veterinary surgeon he had frequently brought on labor-pains in bitches, even when ergot had failed, by giving small doses of quinia at short intervals. On the other hand Trousseau says the French physicians in Africa proved that the real cause of the abortion occurring near paludal lands was the malarial intoxication and not the quinia. According to Stillé, fatal doses of quinia given to a gravid cat fail to affect the uterus.

About ten years ago the American Practitioner solicited communications upon this subject, and for a time it was kept in the air, like a shuttlecock, buffeted by this side and then by that. In Wood's *Therapeutics* will be found a summary of the testimony at that time forthcoming, the analysis of of which led to the following conclusions:

1. "That quinia has no power to originate uterine contractions in the pregnant wom-

an;" 2. "That, though there is some reason for believing that in labor full doses of it (ten to fifteen grains) do act as stimulant to the pains, yet the question must be considered *sub judice*." In the third edition it is stated that the evidence since adduced has settled the second subquestion in the affirmative.

Notwithstanding the popular acceptance of the adage that "two of a trade can never agree," there is a general agreement in this section that malarial fever is more to be feared as an abortifacient than is quinia. The editor has given it repeatedly in intermittent fever and masked malarial diseases, in full doses, without harm to the pregnant woman. Even when the fever had brought on labor-pains he has seen it arrest the paroxysms of pain as well as the course of disease. It must be confessed, however, that morphia was usually given with the quinia as an adjuvant to quiet the pains, and doubtless had some controlling influence over the oxytocic tendency which quinia has often exhibited after labor has begun. If the editor were to depend solely on his own experience, limited to a malarious region, he would come to the conclusion that while it is not usually to be feared as an abortifacient, yet it is a most reliable oxytocic.

In this last respect it has a wide repute. According to leading accoucheurs in eastern cities, its action is prompt and certain. Trousseau mentions a thesis of M. Barthare's in which many observations from all parts of the world were quoted to the effect that for uterine inertia and postpartum hemorrhage quinia was a remedy to be depended upon. Dr. John Lewis gave large doses in all cases

of labor with rigid cervix, and expected softening and regular contractions as surely as he expected stools after giving jalap. In lingering labor due to exhaustion it is a common practice in this neighborhood to reanimate the uterus with ten-grain doses of quinia. It can not be doubted that in very many cases strong expulsive pains are aroused and the hemorrhagic tendency checked by its timely use. On this account it is well to state that, when labor has set in, quinia given without an opiate as a guard may increase the parturient effort.

Within the past week the editor administered to a patient pregnant at the eighth month one half dram of quinia, with two grains of extract belladonna, in the twenty-four hours, with no other result than that of relieving the obstinate neuralgia for which it was given. On the other hand, the conflicting testimony is sufficiently strong to warrant the suspicion that sometimes, when quinia has been administered alone in large doses to women whose proneness to abort has been increased by the malarial cachexia premature pains have been brought on. This suspicion crops out in the prescription.

The combination mentioned by our correspondent is one employed by many cautious practitioners of our acquaintance. Morphia certainly does control any abortifacient power quinia may have, and favors its antiperiodic action as well. Belladonna appears to have a like corrigent action.

AS NEAR as can be made out at this distance and present writing, the Medical College Association is "still in the ring." In the race for the biggest matriculation-list the New York colleges are handicapped by the regulations of the Association, and incontinently drop them even at the risk of being ruled out of the lists hereafter to be made of those true friends of the profession who at the crisis held fast to the principles of reform. With the mortification of a child ashamed of his mother, many an alumnus shall hereafter turn from an alma

mater capable of such defection to put his affections where his respect is won.

Prof. J. M. Bodine, of the University of Louisville, the organizer of the Association, has at last plucked the bright honor of the presidency. Professor Briggs, of Nashville, is vice-president, and Prof. Connor, of Detroit, secretary and treasurer. Three zones of the prosperous and self-reliant West are here represented. It may signify to the world that the empire west of the Alleghanies is strong enough to work out its salvation alone.

The "perennial praise of wise men" shall be the reward of those who stand loyal to their highest convictions in this matter.

### Original.

#### DANGERS ATTENDING THE USE OF VAGINAL INJECTIONS.

BY J. A. STUCKY, M.D.

The frequent use of vaginal injections, the ignorance with which they are used, and the danger following, has led me to ask space enough in your journal to give notes on some cases that came under my treatment. I presume there is nothing so commonly used by women as the *syringe*. It is kept for cleanliness, for conveying astringents to the vagina and uterus, for leucorrhœa, and for the prevention (so called) of pregnancy. The syringes made for this purpose are numerous, and none of them, save one, that I have examined, are suited for the purpose. It is astonishing how much ignorance there is among those who are accustomed to use the syringe, in regard to its use. My attention was first called to the subject by an article in the *Obstetrical Journal*, in 1876, on *Progress of Gynecology* in 1875, by Dr. Mundé. Later, in the same journal—January, 1880—is an article by Dr. Duane B. Simmons, on *An Occasional Danger of Vaginal Injections*, illustrated by two cases coming under his treatment. I herewith present the history of three cases occurring in my practice.

CASE I.—Mrs. K., white, aged thirty-two years, mother of two children, both grown, small frame, delicate, of nervous temperament, applied to me for treatment of leucorrhœa. Has been troubled with leucorrhœa

and hysteria for six years. Birth of last child was followed by ulceration of cervix uteri. She was pale, anemic, and nervous. I gave a tonic of iron, quinine, and malt, and the bromides of potassium and sodium, to relieve nervousness. Ordered frequent injections of warm water and tannic acid (3i to Oj) for relief of the leucorrhea.

Two days after this I was hastily summoned to see her. Found her in convulsion, very pale, and pulse beating 130 per minute. I administered chloroform for the relief of convulsion, and gave bromide of potassium and ext. valerian. A few hours after I left the house I was again summoned, and found her suffering with intense pain in lower part of abdomen. For the relief of this mustard fomentations were applied and a hypodermic of morphia given.

Next day she was better, suffering no pain, pulse good, no fever. She said the leucorrheal discharge had increased and she suffered with something like "after-pains." I paid little attention to this, and directed the bromides and valerian to be continued, and frequent injections of warm water into the vagina. About two hours after I left I received word to come at once, as my patient was thought to be dying. On arriving I found her presenting symptoms that were alarming. Pulse at the wrist was scarcely perceptible, hands and feet were cold, thighs drawn up, and muscles contracted; respirations short and superficial, countenance anxious, and intense pain over the uterus.

On inquiring into the cause of the trouble, I learned that immediately after using the syringe she had these terrible pains to come on. Upon making a vaginal examination I found a partially-prolapsed uterus, with a wide palatous os. I now for the first time suspected the real cause of the trouble—viz. that some of the water had been forced into the uterus, thus giving rise to the suffering—and ordered a discontinuance of the injections. All the distressing and alarming symptoms disappeared in about forty-eight hours under the influence of opiates and warm fomentations. The syringe used was an ordinary Davidson's.

CASE II.—Mrs. C., white, aged twenty-five, married five years, no children. Has had prolapsus uteri for four years. She is pale and anemic; has pains in back and loins; headache; no appetite; very nervous and excitable; is troubled with leucorrhea. Gave her a tonic consisting of iron, strychnia, and maltine, and ordered an astringent injection for the relief of leucorrhea. She

said—to use her own words—she could not use the syringe, as it always caused her to have severe cramps in her womb for two or three days afterward. The syringe she had used was the Davidson. I got the "household syringe" and plugged the central aperture, and after some persuasion in order to overcome her fears, she consented to use it. The result was very satisfactory. The prolapsed uterus was partially relieved by the use of Fowler's pessary. The tonic of maltine was continued, and in three months she was attending to her household duties, and had gained twenty-two pounds. The leucorrheal discharge has greatly diminished. The syringe is used twice a day, with an astringent solution, and no unpleasant symptoms follow.

CASE III.—Maria C., colored, aged thirty-seven, married, tall, anemic, two children. Was called in haste at midnight. Found her lying on the floor, with quick irregular pulse of 130 beats per minute; respiration greatly labored; abdomen tympanitic and very sensitive; thighs flexed. Muscles of the legs and abdomen were very much contracted. Feet and hands were very cold, and bathed with clammy perspiration. After using a hot bath, applying mustard plasters to the extremities, and giving hot drinks, she became easier; muscles relaxed and she got warm. She was placed in bed, and one quarter grain of morphia administered hypodermically. Examination revealed tympanitic resonance, and exquisite tenderness over uterine region. An attempt was made to make a vaginal examination, but it could not be tolerated on account of the soreness of the parts.

I will state here, that when I entered the room, a bowl of water and syringe were on the floor near the patient, and she stated that the cramps came on immediately after using the injection—consisting of alum-water. She also stated that she had been in the habit of using injections, but had never had this accident to happen before. To use her own words, she said, "I believe I put the nozzle of the syringe in the womb, because I felt like something had caught hold of it when I put it in." A half hour after the administration of the morphia the cramps in the lower abdominal region returned. Another hypodermic of one sixth grain of morphia was given. Hot applications were continued, and in an hour after the last dose of morphia the patient was free from pain.

The following day she was resting easy,

but "very sore." A vaginal examination revealed a patulous os uteri very sensitive to the touch. Injections were discontinued and the patient made a rapid recovery.

I have notes on four other cases where injury has resulted from use of vaginal injections, but as they are similar to the above I will not occupy space to cite them.

There can be no reasonable doubt that in the cases just given, some of the injected fluid entered the uterine cavity and was the cause of the suffering. That the vaginal syringe is a valuable instrument both for cleanliness and medication, no one with experience denies; but that it is used ignorantly and productive of injury, is a fact that many lose sight of.

Since the above cases came under my observation (two years ago) I never order vaginal injections with an ordinary syringe, without first plugging the central orific of the nozzle. The syringe I prefer to be used is the "fountain" (which consists of a large rubber bag, to be hung up when filled, and a long rubber tube with different mouth-pieces) which has a vaginal irrigator, from which a steady stream flows, the force of which can be regulated at will.

LEXINGTON, KY.

### CHOREAL SPASM OF THE LARYNX.

BEING PORTION OF A CLINIC, MAY 2, 1881.

BY J. W. HOLLAND, M.D.

*Professor of Diseases of the Nervous System, University of Louisville.*

GENTLEMEN: I suppose you have been listening with amazement to the roaring noise going on in the other room. It is accompanied by a shuffling sound, as if some hungry beast was chafing against the bounds of his narrow cage. I shall have this "great living curiosity" brought into the arena presently after I have recited the incomplete account of his previous history, obtained before I came in. This fussy animal is a man about fifty-seven years of age, who has from bad health been long out of regular employment. He relates that his nervous system gave way several years ago, and that for nearly a year he could not go down stairs, but that he finally recovered under the ministrations of some missionary priests so as to do light gardening. I gather from this and other features that he has been a much-afflicted hypochondriac, or, in other words, a hysterical subject. He became dyspeptic about a year ago, and still has many illusions about his

digestion. At that time this roaring noise first appeared. His account is about as follows: When he eats it seems to go down into his feet. I can not at once surmise what he means by it. He says it is not air nor the food, but the thing that causes his physical restlessness and the roaring. It accumulates somewhere in the abdomen finally, and at irregular intervals rises about his heart and into his throat. This last phenomenon is probably the globus hystericus.

The complaint he makes is chiefly concerning that loud noise which he says is wholly beyond his control. He shall now be brought in for examination. You will notice first his pallor; there is marked anemia. He will not sit still; says that he finds it very hard not to be moving. This locomotion is so incessant that, coupled with his gray beard and unquiet look, he reminds me of the mythical wandering Jew doomed by a curse to be forever on the go. He says that he sleeps well, and that in his sleep he does not snore nor toss about.

As he talks you will see that at irregular intervals, when he has emptied his lungs, his breathing is interrupted, and then follows this loud roar which he thinks is a belching of the *it*, which appears at last to be nothing but wind. Let us analyze this spasm of respiration and the sound. The spasm lasts for several seconds, but varies in duration, and then passes away with a long inspiratory noise. It is never expiratory. Try yourselves to belch, and you will feel that the sound of belching is produced either by the gurgling of the air-bubbles in the esophagus or by the air of the lungs, after the forcible retention needed to compress the stomach by depressing the diaphragm, suddenly released escaping out through the chink of the glottis with an audible vibration of the chords.

In our patient there is no belch, the roar is inspiratory wholly, and, according to his statements, makes the day hideous at momentary intervals. If his stomach held all that wind it must need the diverticula into his legs, of which he seems conscious. You have remarked the fact that when he is very much interested in something else intervals of quiet are longer. He has not been rheumatic nor is he the subject of heart-disease. No part of his body is the seat of spasm except the larynx. I am not prepared to call it a case of true chorea, though chorea may be localized in that part. In most cases of ordinary chorea the speech is broken by jerky and explosive respirations. I have seen cases in which the laryngeal spasm



would arrest speech for several minutes, and where singing was wholly impossible.

We must not fail to give full importance to the hysterical features of this case. The functional nervous maladies are all closely allied. Deficient vitality in the nervous apparatus causes an aberration in some of those functions that are said to represent the play of spirit on matter.

This vague way of putting it is the best illustration I can give of our ignorance of the essence of the diseases that are bounded by chorea with heart-lesion on the one hand and insanity without anatomical change on the other. Between these extremes will be found hysteria, hypochondriasis, epilepsy, trance, and numberless derangements that have no name.

It is easiest to call this case hysteria with choreal spasm of the larynx, but you must know that this is not an accurate term for it. I should not be surprised if the illusions which beset this patient should grow to the dimension of a delusion, that is, a false belief about a matter of fact that can be demonstrated. What then! The courts would then call him insane. You see how easy is the transition from eccentric notions and low health to positive aberration of mind.

If these symptoms had appeared without anemia and dyspepsia the prognosis would be worse than at present appears. If there is a visible underlying state that is remediable here, there is hope that the nervous symptoms will improve at the same time with these. His diet should be so regulated as to supply him with abundance of plain food of a mixed character, brown meat, bread, butter, and potatoes. He shall have a bitter and ferruginous tonic for his indigestion and anemia. Our formula containing cinchonia sulphate, iron sulphate, and strychnia in moderate doses, will be given thrice daily after meals.

For his constipation he shall take every other night a pill composed of, one grain of extract aloes, one grain of dried sulphate of iron, and one fourth grain extract nux vomica. If he could afford them, travel and diverting company would be of great help. The so-called nervines for hysteria will not be found of any permanent value. He has tried these with a negative result.

LOUISVILLE.

WHO owns the prescription? The purchaser. Who is its custodian? The apothecary.—*New Catechism.*

## Medical Societies.

### AMERICAN MEDICAL ASSOCIATION.

At the meeting in Richmond last week the following officers were elected:

*President*—Dr. T. J. Woodward, U. S. A.

*Vice-presidents*—Dr. P. O. Harper, Arkansas; Dr. L. Connor, Michigan; Dr. Eugene Gressom, North Carolina; Dr. Hunter McGuire, Virginia.

*Secretary*—Dr. Wm. B. Atkinson, Pennsylvania.

*Treasurer*—Dr. R. J. Dunglison, Pennsylvania.

*Librarian*—Dr. Wm. Lee, Washington.

St. Paul, Minn., was selected as the place for the next annual meeting.

### AMERICAN MEDICAL COLLEGE ASSOCIATION.

The meeting was called to order by the president, Prof. S. D. Gross, M. D., of Philadelphia, Prof. Leartus Connor, of Detroit, acting as secretary.

On motion, the regular order of business was suspended for the purpose of going into the election of officers for the ensuing year. This resulted in the following selections:

*President*—Prof. J. M. Bodine, of the Medical Department of the University of Louisville, Ky.

*Vice-president*—Prof. W. T. Briggs, of Nashville, Tenn.

*Secretary and Treasurer*—Prof. Leartus Connor, of Detroit, Mich.

Secretary Connor's report was then presented and received. It shows an increase of two in the active membership of the Association since the last annual meeting. From the reports of the several colleges made to the secretary, it appears that these institutions had conformed more universally and completely to the requirements of the Association than heretofore, and that every thing pertaining to their connection with the body was entirely satisfactory.

The report of the Committee on Medical Colleges showed that sixty-four catalogues of colleges had been examined, and that only sixteen of them had failed to come up to the Association's requirements in the matter of graduation. It also appeared that twenty-two of the colleges had surpassed these requirements in one or more of the three following particulars: First, matriculation examinations; second, regular attendance of nine months; third, the three regular terms required.

After the transaction of some unimportant business, the Association adjourned until 5 P. M.

Upon the assembling of the Association at half-past five o'clock it was found there was no quorum present. After waiting some time, and a quorum still being needed, the body adjourned, subject to the call of the president.

Dr. Bodine is thoroughly imbued with the idea of the usefulness of the Association, and will doubtless succeed in infusing into it new life. There is no doubt of the great good already effected by this Association in suppressing piratical inroads into the profession and checking off the tendencies of the colleges disposed to run their affairs solely for the benefit of themselves.—*Virginia Med. Monthly.*

### THIRD DISTRICT MEDICAL SOCIETY OF INDIANA.

The Medical Society of the Third Congressional District of Indiana met in Odd Fellows' Hall, at Jeffersonville, on Wednesday, May 4th. The attendance of the members was full and a number of visitors from Louisville and surrounding country were present. Dr. John S. Stewart presided with great dignity and, by his courteous but judicious rulings, made every body feel at home. The papers read were upon subjects of practical interest to the profession, and some of them gave rise to spirited discussion. At 2 o'clock a dinner was given the society and visitors at the Falls City Hotel by the profession of Jeffersonville. This was spiced by the usual speech-making and good cheer. After dinner the doctors were taken in carriages to see the wonders of the town.

The evening session was devoted to the business of the society, and after its adjournment a large audience listened to a popular lecture by Prof. E. R. Palmer, of Louisville. The subject was "The Inner Man." It is needless to say that the lecturer handled his theme with characteristic ease and ability.

The physicians of the third district are deserving of high praise for the life and efficiency of this society, and should be congratulated on having selected Jeffersonville for their place of meeting; for their coming was fully appreciated by the members of the profession of that city, who left nothing undone which could make to the comfort and entertainment of their guests.

The former secretary, Dr. E. P. Easley, of New Albany, has kindly sent us a report of the proceedings of the society. We are sorry that, owing to illness, Dr. E. could not prepare it in time for this issue. It will appear in our next.

### INDIANA STATE MEDICAL SOCIETY.

The Thirty-first Annual Session of the Indiana State Medical Society will be held at Park Theater, N. E. corner Washington and Tennessee streets, Indianapolis, Tuesday, Wednesday, and Thursday, May 17, 18, and 19, 1881, beginning at 10 o'clock A.M.

#### OFFICERS.

*President*—Dr. Thos. B. Harvey, Indianapolis.  
*Vice-president*—Dr. Jno. D. Mitchell, Terre Haute.  
*Secretary*—Dr. E. S. Elder, Indianapolis.  
*Assistant Secretary*—Dr. G. W. Burton, Mitchell.  
*Treasurer*—Dr. G. W. H. Kemper, Muncie.  
*Librarian*—Dr. F. J. Van Vorhis, Indianapolis.

There is every indication at present that the coming session will be one of unusual interest and profit to the profession of the State. Valuable papers are now being received by the Committee of Arrangements. Liberal railroad and hotel accommodations have been secured for all who may desire to attend the meeting, as will be seen below. It is confidently expected that the members of the profession will avail themselves of the opportunities offered and present a representation that will make the meeting one of great interest and an honor to the organized medical profession of the State.

The following papers have already been announced to the committee, viz:

The Cold Bath in Pneumonitis—L. D. Waterman, M.D., Indianapolis.

Placenta Previa (Statistics)—E. W. King, M.D., New Albany.

Eclampsia—Charles D. Pearson, M.D., Indianapolis.

Trichina: Report of Case, with Remarks—Wm. Commons, M.D., Union City.

Medical Legislation: What has been accomplished and what is needed in Indiana—Thad. M. Stevens, M.D., Indianapolis.

Members wishing certificates should write at once to John A. Sutcliffe, chairman Committee of Arrangements, 84 East Market Street. They should name the station at which they desire to purchase tickets, and should be careful to name the road or roads over which they desire to pass.

*Hotel Accommodation*.—Grand, \$2.00 per day; New Dennison, \$2.50; Bates, \$2.00; Occidental, \$1.50; Sherman, \$1.50; Spencer, \$1.50; The Brunswick (Circle Street), \$1.50.

### CENTRAL KENTUCKY MEDICAL ASSOCIATION.

At the meeting of the Central Kentucky Medical Association, held in Danville, April 20th, the following resolutions were offered by Dr. L. S. McMurtry, and unanimously adopted:

The Central Kentucky Medical Association desires to express its keen appreciation of the great loss the profession has sustained in the death of Dr. Richard O. Cowling, of Louisville. Dr. Cowling having participated in the proceedings of the Association, and made a valued contribution to its archives, the members of this Association know of his skill and high attainments, and feel that they can testify to the distinguished services he gave, and was destined to render, the science of medicine and society at large. Taken from life in the midst of usefulness, and before his talents were fully ripe, his loss is an irreparable one, and has been received by this Association with profound sorrow and regret.

The secretary is requested to inscribe this expression on a page of the minutes, and forward a copy to the LOUISVILLE MEDICAL NEWS for publication.

### Correspondence.

#### QUININE IN PREGNANCY.

*Editors Louisville Medical News:*

Does quinine ever induce abortion or premature labor? Some physicians seem to be apprehensive that it may have that effect. During many years of practice I have not hesitated to give quinine to pregnant females at all stages of pregnancy when indicated for the relief of malarial fevers, and can not call to mind a single case in which either abortion or premature labor occurred. It has been my custom, however, to combine the quinine with a little opium or morphia. Should a case of abortion or prema-

ture labor occur in my practice after the moderate administration of quinine for the relief of fever, I would sooner attribute it to the fever itself, or to the condition of system induced by the fever, than to the quinine.

WILLIAM SPEIR, M.D.

MONROE COUNTY, GA.

*Editors Louisville Medical News:*

Several weeks ago I was called to see Mrs. B., who, as you may remember, was treated by you for puerperal melancholia some time ago. With great reluctance she had weaned her child as directed, and as a result the melancholia passed away. I found her again *enciente* and greatly troubled with nervous vomiting. The lady is very intelligent, and ascribed her gastric symptoms in a jocular way to "being *enciente* with twin boys, and, you know, boys will quarrel."

I gave her one drop of wine of ipecac three or four times a day. This afforded her decided relief during the succeeding three weeks of its use, at the end of which she was delivered of two fine boys. The diagnosis suggested by her wit had proved correct.

E. J. KEMPF, M.D.

FERDINAND, IND.

## Books and Pamphlets.

BIRD'S-EYE VIEWS OF THE ENGLISH LANGUAGE. For use in the Editorial or Composing Rooms. L. H. Rogers, publisher, 75 Maiden Lane, New York.

TRANCE AND TRANCOIDAL STATES IN THE LOWER ANIMALS. By Geo. M. Beard, A.M., M.D. Reprint from the Journal of Comparative Medicine and Surgery, New York.

THE INDIANA MEDICAL JOURNAL. Vol. I, No. 1. Edited by Daniel Lesh, M.D., and College Faculty. Published by the Trustees of Indiana Eclectic Medical College. Indianapolis, May, 1881.

INFORMATION FOR EMIGRANTS: The Climate, Soils, Timbers, etc. of Kentucky contrasted with those of the Northwest. By J. R. Proctor, director, Frankfort, Ky.

Full of valuable information for the poor emigrant, this work contains also much that our native capitalists would do well to ponder.

THE ILLUSTRATED SCIENTIFIC NEWS for May is before us, looking handsomer, if possible, than any of the preceding issues. Since its change of publishers last January this magazine has improved with each succeeding number. The present issue of the Illustrated Scientific News is overflowing with handsome engravings and interesting and instructive matter. The publishers are Munn & Co., 37 Park Row, New York; \$1.50 per annum.

## Formulary.

### OLEATE OF LEAD.

One of the best local remedies for eczema is the ointment of oleate of lead, for which the profession is indebted to Dr. Crocker. Some time ago, with a view of testing its action in the treatment of eczema, I desired Messrs. Southall, of Birmingham, to make for me an ointment of oleate of lead. After a series of experiments they produced an excellent ointment according to the following formula: Lead oleate, 24 parts; heavy and inodorous paraffin oil, 14 parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead.—*Monthly Review of Med. and Pharm.*

### STARTIN'S MIXTURE.

A wonderfully valuable combination of sulphur is that known as "Startin's Mixture:"

R Magnes. sulph.....	℥j;	32.00 Gm.;
Ferri sulph.....	℥j;	4.00 "
Acid sulphur. dil.....	℥ij;	8.00 "
Tinct. gentian.....	℥j;	32.00 "
Aquæ.....	℥ij;	96.00 "

M. Sig. One ounce (thirty-two grams) dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria.—*Canada Lancet.*

### DUBOISINE.

Duboisine has been substituted by Dr. Dujardin-Beaumez for atropin as a hypodermic injection for exophthalmic goiter, and in the two cases in which he has tried it great diminution of the palpitations and vascular throbbings resulted. He has also noticed a readily cumulative effect from repeated doses, although he used only very small quantities—a quarter to a half milligram ( $\frac{1}{32}$  to  $\frac{1}{16}$  of a grain)—the symptoms resembling the poisonous effects of belladonna.

### ATROPIN VASELINE OINTMENT.

Dr. Klein, of Vienna, in a lengthy article, repeatedly points out the difficulties which oculists encounter in the instillation of the solution of atropin, and advocates the substitution of an ointment as being more convenient than the solution. He recommends:

R Atropini sulphas.....	gr. j;	0.05 Gm.;
Vaseline.....	gr. clv;	10.00 "

Misce exactissime.

If the atropin is carefully rubbed with the vaseline, no further solvent is required.—*Pharm. Centralhalle.*

### REMEDY FOR CORNS.

Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective in a short time, and without causing any pain:

Salicylic acid.....	30 parts;
Extract of cannabis indica...	5 "
Collodion.....	240 "

To be applied by means of a camel's-hair pencil. —*Pharm. Zeit.; Monthly Review of Medicine and Pharmacy.*

FORMULA FOR HYPODERMIC ADMINISTRATION OF  
QUININE.

R Quiniae sulphat.....	℥j;	3.88 Gm.;
Morphiae sulphat.....	gr. ss;	0.03 "
Acid. sulphur. dil.....	℥xl;	2.46 fl.Gm.;
Aquæ dest.....	℥j;	29.57 "

M. Filter. Sig. Sixty minims contain seven and a half grains.—*Bartholow; Medical Gazette.*

NEW FORMULA FOR FEHLING'S SOLUTION.

In order to replace the ordinary Fehling's solution—which, as is known, decomposes after a time—Schreiber, of Wurtemberg, suggests the following:

R Sodii salicylatis.....	} aa Gm. j;
Cupri sulphatis.....	
Sodii caustici.....	Gm. v;
Aquæ destillatæ.....	Gm. xx. M.

After filtration a clear blue fluid is obtained. On heating this in a test-tube the copper salt is decomposed, and the least trace of sugar present is indicated by a fine brownish-red color. According to Schreiber, this liquid can be perfectly well preserved.—*Monthly Review of Med. and Pharm.*

## Pharmaceutical.

We desire to call the attention of our readers to the advertisement of Theodore Metcalf & Co., Boston, Mass., who are the agents for Mellin's Food for Infants and Invalids. This food is prepared upon the principles advanced by Liebig, is non-farinaceous, and bears in the quality and proportion of its constituents so close a resemblance to *mother's milk* that it may well serve as a substitute for it.

It comes to us indorsed by such names as Drs. Arthur V. Meigs and Wm. Pepper, of Philadelphia; Drs. Eustace Smith and John Tanner, of London; Dr. J. Lewis Smith, of New York, and many others well known to the profession.

We advise our readers to give it a trial, believing that in the treatment of infantile diarrhea, and other affections so frequently fatal to young children during the summer months, it will prove an agent of real power.

**IMPORTANT BUSINESS CHANGE.**—During the past week the well-known house of Parke, Davis & Co., of Detroit, Mich., purchased the pharmaceutical branch of the business of Messrs. Reed & Carnrick, the popular manufacturers, who state that the growing demand for their maltine compels them to devote their entire capacity to its production.—*Monthly Price-list of A. Peter & Co.*

[We congratulate Messrs. Reed & Carnrick upon having found such worthy successors.]

## Miscellany.

**DEATH AND SANITARY SCIENCE.**—Prof. F. De Chaumont delivered, on the evening of March 15th a lecture to a large audience at the London Institution, on Sanitary Assurance. The lecturer remarked that of the seven hundred thousand deaths per annum recorded by the registrar-general, consumption caused about seventy thousand; diseases of the respiratory organs, one hundred thousand; diarrhea, thirty-three thousand; enteric fever, eleven thousand; scarlet fever, twenty-five thousand; and diphtheria, thirty-five hundred. Some of these diseases might be prevented altogether if dwelling-houses were put in a good sanitary state, and others might be modified to a very material extent, the whole of them being propagated by foul air and foul water. Dr. De Chaumont enlarged on the mortality and sickness caused by defective sanitary arrangements, and directed attention to the Sanitary Assurance Association which had been formed last November, and the object of which we have already explained in these columns. At the conclusion of his address Mr. Erichsen spoke of the immense influence that the sanitary condition of a house has for good or evil on the bodily and mental health of its inhabitants, and pointed out that the work of the surgeon was materially aided or retarded by the sanitary state of the house in which the patient lay; and he cordially approved of the Association, and thought it had a large field of usefulness before it.—*Med. Times and Gazette.*

**TRIPLETS WITH TEETH.**—Dr. Love, in the North Carolina Med. Journal, reports a case of triplets—two girls and a boy—born with teeth: First, girl, four and one quarter pounds, two middle upper incisors and two upper canines; second, girl, five pounds, two middle upper incisors and left upper canine; third, boy, six and one quarter pounds, four upper incisors and two upper canines nearly through. They each lived five hours. The mother was forty-five years of age; this was her second pregnancy.—*Canada Journal of Med. Science.*

ERB has made a study of four hundred cases of locomotor ataxy with reference to a syphilis as a cause; and concludes, from the large percentage of cases presenting a syphilitic history, that there is a causative connection.



**RESORCINE A DERIVATIVE OF ASAFETIDA.**—Dr. Dujardin-Beaumetz has recently, experimented with resorcine, a crystallized body, white, odorless, soluble in all proportions. It prevents fermentation in all albuminous substances—milk, urine, etc. The Germans have used it chiefly for wound-dressings, its action being similar to that of carbolic and salicylic acid. It may be employed in all kinds of ulcerations as a topical remedy, and as a gargle in diphtheria. It is poisonous in large doses. The remedy in fact is a substitute for carbolic acid, having all its properties without the disagreeable odor.—*North Carolina Med. Journal.*

[At the Children's Hospital in Breslau doses of resorcine, one sixth to one third grain, have been found very beneficial in cholera infantum, arresting vomiting and restoring from collapse, while mitigating diarrhea.]

**THE ONUS OF EDITORSHIP.**—The following anent the onus of editorship is extracted from the London Times: If an editor omits any thing he is lazy. If he speaks of things as they are people get angry. If he glosses over or smooths down the rough points he is bribed. If he calls things by their proper names he is unfit for the position of an editor. If he does not furnish readers with jokes he is an idiot; if he does he is a rattlehead, lacking stability. If he condemns the wrong he is a good fellow, but lacks discretion. If he lets wrongs and injuries go unmentioned he is a coward. If he exposes a public man he does it to gratify spite, is the tool of a clique, or belongs to the "outs." If he indulges in personalities he is a blackguard; if he does not his paper is dull and insipid. *Canada Lancet.*

**PRECOCIOUS OPIUM-HABIT.**—A case is reported by Mackenzie Booth of a male infant, four months old, who had been treated with opium for colicky pains until he was taking, at the above age, six to eight drams of the tincture of opium daily in dram doses. The child was much emaciated, and the legs were constantly kept flexed on the abdomen save when narcotized with not less than fifty drops of the tincture. There was no vomiting or cough nor other symptoms of disease, and the appetite was good. The doctor reduced the dose gradually, ten drops per day, and with the use of cod-liver oil, bismuth, and pepsin, and an occasional laxative, the habit was broken off, and the child regained its health completely.—*Chicago Med. Review.*

**PERMANENT PICTURES ON THE RETINA.**—The idea that the circumstances attending the sudden and violent death of an individual might be ascertained by an examination of the retina—amounting perhaps in criminal cases to a revelation of the perpetrator's identity—was discussed soon after the discovery of the visual purple. The matter is still often mentioned by the laity, and Dr. W. C. Ayres, of New York, in an article on the subject in *New York Med. Journal* for March, 1881, gives as much of the photochemistry of the retina as will suffice to establish the impracticability of detecting a murderer by means of an "optogramme," as a general thing. After describing the details of the process of obtaining an optogramme experimentally upon animals, the author gives an amusing account of an attempt of his to make a picture of Professor Helmholtz upon the retina of an animal. The result was an image of Helmholtz's shirt-collar and the end of his nose.—*New York Med. Journal.*

**THE PLAGUE.**—This scourge has been ravaging the banks of the lower Euphrates and the villages of Mesopotamia. Quarantine against it has been declared by the Egyptian authorities. In spite of this it is reported already to have crossed the Mediterranean, and one or more deaths from it have been reported at Seville, Spain. The littoral cities of southern Europe are by no means in such superior sanitary condition that all danger is averted of another experience such as Marseilles had in 1722.—*Med. and Surg. Rep.*

**M. TALAMON**, in the laboratory of the Hôtel Dieu at Paris, has succeeded in cultivating the bacillus which other observers had found in the false membrane and urine of diphtheritic patients. After a careful and elaborate study of the life-history of these organisms of eight cases, he inoculated it into the mucous membrane of the mouth or nose or gave it with food to rabbits, guinea-pigs, fowl, and pigeons, with the effect of inducing diphtheritic symptoms in all, and in some, notably the pigeons, characteristic false membrane lined the mouth and throat. The inflammatory effusions yielded to culture the organisms which had been inoculated.

**CEREBRO-SPINAL meningitis** of a grave type has prevailed in the Mississippi and Ohio valleys the last few months. In southern Indiana it has been almost epidemic.—*Med. and Surg. Reporter.*

**CHEWING THE CUD.**—Dr. Bennett, at the Cincinnati Academy of Medicine, reported the case of an idiotic boy, aged sixteen, in whom all the appearances of rickets were marked, but who presented in addition the remarkable phenomenon of regularly *chewing his cud*. This peculiarity was not at first credited by the speaker, but he had satisfied himself by personal observation that the boy at first swallowed voraciously, without mastication, all the food set before him, and afterward actually acted the part of a ruminant. It was said the mother of the boy, when pregnant with this child, was frightened by a cow; and indeed the expression of face, especially when seen at such a time, was not unlike that of this animal.—*Cincinnati Lancet and Clinic*.

[We once knew a full-grown man who regularly chewed the cud. Whether his mother was frightened by a cow or not we have not been informed; but, judging from the expression seen usually on his face, we should suppose that a *sheep* had made the maternal impression which resulted in the idiosyncrasy of the offspring.]

**THE AGE OF EGGS.**—In order to detect this, dissolve one hundred and twenty grams (thirty drams) of salt in a liter (thirty-four fluid ounces) of water. A new-laid egg descends to the bottom of the vessel containing the solution. One a day old does not quite sink to the bottom, while one of three days old floats. The older the egg is the more readily it reaches the surface.—*Med. Times and Gazette*.

**FATAL ACCIDENT TO MR. SPEDDING.**—Mr. Spedding, the well-known Baconian scholar, has succumbed, in St. George's Hospital, to injuries received by him while walking in the street—a hansom-cab having knocked him down and run over him. The left ear had been almost entirely torn away, and Mr. Holmes is of opinion that fracture of the base of the skull had also occurred.—*Med. Press and Circular*.

**A NEW SIGN OF DEATH.**—According to *La Revue Médicale*, M. Peyraud states that real death may be recognized in a practical manner by the application of the Vienna caustic paste, or other caustics, to the skin of the subject supposed to be dead. If no eschar is produced, or if this is yellow or transparent, the subject is dead; but if it is black or reddish-brown, the subject is still living.—*Boston Jour. of Chem.*

## Selections.

**Cerebral Hyperemia, Exhaustion, and Vasomotor Weakness.**—F. P. Atkinson, M. D., in the Practitioner, after tracing out the pathological points involved in the above conditions, says:

"The mere amount of blood circulating through the brain must of necessity influence to a material degree its power of acting. Mechanically the pressure of undue quantity, or conversely the removal of the accustomed pressure, must affect the relations and functions of such delicate structures, and the nerve-cells and nerve fibers. Excessive hyperemia and pressure tend in all probability to produce stasis of the red and white corpuscles, together with blocking of the minute vessels, and consequent delirium and stupor." Some persons are the subjects of a naturally weak vasomotor system, and Dr. Hume, in the Practitioner of July, 1879, has very accurately described the distinguishing characteristics of those who are so afflicted. "They have," he says, "a soft, moist eye, a dilated pupil in a blue iris, and a thick, drooping upper eyelid. The nervous system, not well balanced, is easily disturbed by excitement. The blood vascular system is weak, atonic, as shown by the irregular heart, subject to palpitations and tumultuous action on slight exertion or sudden emotion, the small irregular pulse, tendency to dilatations, and eventually varicosities of the veins, and the ready congestion of the capillaries upon exercise or alcohol being taken." From my own personal observation I should say that those who are thus constituted require longer rest than other people, and are easily upset by the use of alcohol, smoking, residence in a damp-warm climate, and sexual intercourse. Sexual intercourse especially seems to produce such an excessive amount of nervous exhaustion, that it is necessary that we should be able to recognize at once both the symptoms and the cause, and also to apply the appropriate treatment. The chief symptom complained of is a sinking or vacancy at the pit of the stomach, which nothing seems to relieve, not even food; with this there is a feeling of drowsiness, some pain and swimmy feeling in the head, and great irritability of temper. The patient's sleep is heavy, as shown by loud snoring, but it is unrefreshing, and broken by frequent and severe startings or muscular twitchings. On rising in the morning the patient complains of feeling giddy and light-headed; the tongue is dry and coated, and there is a nasty taste in the mouth; the breath is exceedingly offensive (the result of nervous exhaustion); the forehead and the body generally hot and dry; the eyes look congested. In bad cases the patient will tell you he does not seem to be able to pronounce his words correctly when reading aloud; or direct the movements of his hands as he wishes while writing, or his legs on walking. In very severe cases I have known complete loss of speech, varying from an hour or so to two or three days, and also of control over the movements both of the legs and arms.

The treatment in these cases should of course be directed toward controlling the cerebral circulation, and with this view four minims of the dilute hydrocyanic acid should be given every four hours (this has a sedative effect on the brain, spinal cord, and heart). Bathing the head with cold water two or three times in the day should also be strongly recommended, inasmuch as it acts as a direct sedative to the cerebral circulation. More than one patient has

told me that chocolate relieves the sinking feeling at the pit of the stomach, and produces a more lasting effect than any thing else; but what is really its action I can not say. Plenty of milk should be taken, but no alcohol. In severe and prolonged cases, when the immediate symptoms have passed off, syrup of the lactophosphate of lime and iron, with small doses of tincture of digitalis and nux vomica, or Kirby's compound phosphorus pills, are to be recommended, together with change to a bracing atmosphere.

I have thought it right to put down these few remarks on paper, as I have known some cases of cerebral exhaustion to be considered as cases resulting from syphilitic disease, and to be dosed with iodide of potassium till recovery seemed almost hopeless.

**Herpes.**—J. Magee Finny, M.D., Dub., F.K.Q.C. P.I., Visiting Physician and Dermatologist to the City of Dublin Hospital (Med. Press and Circular):

There are two very distinct varieties of herpetic eruptions met with, differing in their nature, site, course, and importance. These are *Herpes catarrhalis* and *Herpes zoster*.

A few words will suffice to describe the former, and at the same time to point out the diagnosis between it and the other variety, with which indeed I may say it has little beyond its name in common.

*Catarrhal herpes*—which is also called febrile or symptomatic herpes—is a very common complaint, and one you have seen frequently on the face and occasionally on the genitals. It is conveniently divided, for the sake of description, according to these regions into *H. facialis* and *H. progenerialis*, the symptoms of each being very much alike. It is immediately preceded by slight sensations of burning and tingling, as if the part were swollen and stretched; there is very slight redness, and soon a number of vesicles in clusters appear. These vesicles, usually small in size, though larger than those of eczema, may dry up quickly, or becoming confluent form bullæ, filled with opaque or yellowish fluid, and if scratched or broken, may have an excoriated raw surface.

*H. facialis*—a better name than *H. labialis*—is met with most usually on the lips at the muco-cutaneous juncture; but it occurs also on cheeks, ears, and nose. Though an accompaniment of an ordinary cold or dyspeptic attack, *H. facialis* is present in pneumonia, cerebro-spinal, intermittent, and scarlet fevers. During the present session you have seen it in both scarlet fever and pneumonia, and you will recollect the different significance which may be attributed to it in these two diseases. In the latter so usually do the patients who present it recover, that some authorities consider it a most favorable prognostic, while in scarlet fever it is an omen of a severe type in which nasal discharges, arthritic complications, and a prolonged fever may be expected. The late Dr. Stokes used to lay down as a maxim worthy of note that a vesicular complication of fever was ever one of serious import.

The most extensive case of facial herpes I ever met with occurred in a patient aged sixty-six, who was admitted to this hospital in 1879 for pneumonia, as the whole of the right cheek extending from the zygomatic arch to the nose was one mass of herpetic clusters, which became confluent. He made a rapid and good recovery. Notwithstanding the frequency of the favorable issue of pneumonia attended by herpes, I would not have you lay too much stress

upon the value attaching to this symptomatic rash, inasmuch as most cases of sthenic pneumonia have a tendency to recovery, and many cases in which herpetic rashes are absent do equally well.

The ordinary cases of facial herpes present no difficulties of diagnosis, but you should remember it may attack the mucous membrane of the mouth and palate. Should it be confined to these places you may find some difficulty in recognizing the disease.

Within the last couple of months I came across a rather puzzling case of herpes, in consultation with Dr. William Lane, in the person of a well-known clergyman of this city. The whole soft palate, uvula, and arches of the palate were studded with vesicles standing on a reddened base. At first sight scarlatina or diphtheritic inflammation passed through my mind, but the absence of the characteristics of those diseases and the presence of a most copious vesicular eruption on the alæ and dorsum nasi, the upper lip, and the adjoining surfaces of the cheeks and chin made the diagnosis easy.

[TO BE CONTINUED.]

**Fournier on Scabies.**—Extract from *Gazette des Hôpitaux* (Med. Times and Gazette):

The symptom *par excellence* of itch is the "burrow." This burrow is the sub-epidermic tunnel dug by the female acarus. It has the appearance of a little grayish line traced on the surface of the skin. In patients who do not wash or whose skin is soiled by their occupation it is darker colored, but in those who wash frequently it is whiter than the skin itself. A burrow is rarely straight, usually curvilinear. It has two extremities, the mouth where the acarus has entered and the tail. . . .

Itch follows a rapid and progressive course. It lasts as long as patients are willing to let it last. It seems to disappear during acute illness (pneumonia, etc.). There is only one kind of itch; its divisions into varieties—vesicular, cachectic, pustular, ecthymatous itch, etc.—are unimportant, most frequently it is polymorphic. There is a mild type of itch—the itch of the middle classes and aristocracy. It assumes two forms, partial and disseminated. When partial it is localized in three regions—the penis, the breasts, and the thighs of infants. You will see patients with some itching of the penis, and nothing but a few little red papules. Be on your guard. Itch is often taken for herpes or balanitis. In the disseminated variety the eruption is reduced to a few papular lesions of a mild type and a stray burrow or two; no pustules, few papules, little itching. Bazin has well said that itch calls up the darts habit (tendency to eczema, etc.).

How is itch caught? Strictly speaking, momentary contact ought to suffice—the time that it takes an acarus to fall on the healthy skin; but in almost every case itch is only transmitted by more or less prolonged contact. Nocturnal cohabitation is the great mode of transmission ninety five times out of a hundred (Hardy). The itch of certain animals (horse, wolf, sheep) is incontestably transmissible to man.

The pathognomonic sign of itch is the burrow. Recollect there are cases where it is white or masked by the abundant eruption. It may be absent from the hands—masons and washerwomen have no burrows on the hands.

Other symptoms will suffice to establish the presence of itch—(1) the characteristic itching; (2) the eruption (distribution, etc.); (3) history of contagion.

The most important source of error in diagnosis is

that the practitioner thinks that a patient belonging to the upper classes can not come in contact with itch. Do not be deceived; every one is exposed to it.

At present itch is cured in one hour and a half (at St. Louis Hospital). The first half hour the patient, absolutely nude, rubs himself from head, or rather neck, to foot with soft soap. The second half hour he is put into a tepid bath, where he continues the soft-soap frictions. The third half hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself his clothes are purified in a specially-constructed stove at a temperature of 120° and exposed to sulphur vapor. Four thousand itch-patients are treated here (St. Louis) annually.

The hospital treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: Toilet soap is substituted for soft soap, and Hardy's modification of Helmerich's ointment used—lard one hundred parts, sulphur sixteen parts, bicarbonate of potash eight parts, by weight. The patient should have his sheets and all under-linen changed immediately.

#### The Treatment of Vomiting in Phthisis.—

Dr. Ferrand describes three varieties of emesis in phthisis: I. The mechanical vomiting resulting from stimulation of the respiratory nerves, which is often accompanied by a certain amount of pharyngeal or gastric irritation. II. Gastric vomiting in the strict sense of the term. III. Central or bulbar vomiting. These forms differ not only in the mechanism of their causation, but also in the time of their appearance, in the nature of the ejected materials, and in various other ways: 1. Mechanical vomiting, which may be more correctly termed *direct*, occurs at the commencement of the disease, and is provoked by a full stomach. The first indication is to allay the cough by means of gargles, or in severe cases, by the administration of more active remedies, as the decoction of poppy-heads, borax, or sodium bicarbonate. If there be well-marked symptoms of ulceration, tannin, alum, decoction of walnut-leaves, oak-bark, and if these fail, tincture of iodine, nitrate of silver, or even ammonia, may be employed with advantage. In many cases narcotics, anesthetics, and antispasmodics will be of service. 2. Gastric vomiting is very frequent in the middle period of phthisis; the materials vomited do not consist, as in the previous case, of unaltered food, but of substances more or less changed by the digestive processes. This form of vomiting is subdivided into vomiting due (a) to apepsia, occurring throughout the disease, and due to a deficiency of the gastric secretions. The treatment consists in the use of digestive tonics, if need be of emetics, or better still, of such local sedatives as chloral, chloroform, and ether—pepsin and diastase being also of great service. (b) Hyperemic vomiting sets in toward the close of the illness, during the cachectic state. It may be combated by magnesia and charcoal, by astringent powders, or by the powder of crude opium. (c) Vomiting due to a kind of spasmodic gastralgia, is met by narcotics, anesthetics, and the various antispasmodics, more especially valerian. (d) Vomiting, the result of special irritation of the stomach, such as may be caused by tubercular deposits in that organ. In these cases the diet must be carefully regulated, alkalies and iodide of potassium in small doses, being at the same time prescribed. Bulbar vomiting gen-

erally occurs at an advanced stage of the disease, and is symptomatic of cerebral irritation, and more especially of bulbar irritation, due to meningeal exudation. The vomit consists of mucus and bile. The remedies for this are numerous, chloral being placed in the front rank, as it is even able to neutralize the action of apomorphia. Chloroform, since it serves as a sedative to the brain, while it acts as a slight stimulant to the stomach, will thus be doubly useful in these cases. Opium and morphia act in a similar manner, as does the bromide of potassium, given with the meals in doses of one to two grains. Electricity in its various forms, and the inhalation of oxygen may be tried. A few drops of nitrite of amyl will probably be efficacious when it is inhaled, as it possesses the power of reducing the anemic state of these organs.—*Le Concours Médical; Practitioner.*

#### New Method of Trephining the Mastoid.—

Dr. Bagroff's method of trephining the mastoid is by combining the use of the galvano-cautery with that of the gouge. As soon as the bone is laid bare by incision of the skin and periosteum the first application of the galvano-cautery is made for a few seconds until a blackish eschar is produced. The bony tissue thus becomes friable, is attacked with the gouge, and when the whole of the calcined layer has been removed the cautery is again applied. The alternate action of cautery and gouge enables us easily to lay bare the mastoid cells without danger of lesion of the venous sinus, and facilitates the change of direction one may wish to make in the channel which is established. Bagroff thinks this proceeding would be applicable to the ablation of osteomata from the auditory meatus. Local anesthesia having been produced, the galvano-cautery should be applied at the most accessible point. An eschar being produced, one may cut into the tumor by means of a special gouge. By a combined use of these two means, the osteoma may be pierced from side to side, when its extirpation becomes easy.—*Med. Press and Circular.*

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